

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL

for FY 2000

Patent fees are subject to annual revision.
 Small Entity payments must be supported by a small entity statement,
 otherwise large entity fees must be paid. See Forms PTO/SB/09-12,
 See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$710.00)

Complete if Known

Application Number
 Filing Date April 20, 2001
 First Named Inventor Katsumi Mabuchi
 Examiner Name Shulman, M.
 Group / Art Unit 3744
 Attorney Docket No. 503.34897CC3

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number
 Deposit Account Name 01-2135

☒ Charge Any Additional Fee Required
 Under 37 CFR §§ 1.16 and 1.17

2. ☒ Payment Enclosed:

☐ Check ☐ Money Order ☒ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	690	201	345 Utility filing fee	710.00
106	310	206	155 Design filing fee	
107	480	207	240 Plant filing fee	
108	690	208	345 Reissue filing fee	
114	150	214	75 Provisional filing fee	

SUBTOTAL (1) (\$710.00)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
11	20**	18	0
1	3**	80	0
Multiple Dependent		0	0

**or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
103	16	203	9 Claims in excess of 20	
102	78	202	39 Independent claims in excess of 3	
104	260	204	130 Multiple dependent claim, if not paid	
109	78	209	39 Reissue independent claims over original patent	
110	18	210	9 Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$0.00)

FEE CALCULATION (continued)

Large Entity Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65 Surcharge - late filing fee or oath	0.00
127	50	227	25 Surcharge - late provisional filing fee or cover sheet	0.00
139	130	139	130 Non-English specification	0.00
147	2,520	147	2,520 For filing a request for reexamination	0.00
112	920*	112	920* Requesting publication of SIR prior to Examiner action	0.00
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action	0.00
115	110	215	55 Extension for reply within first month	0.00
116	380	216	190 Extension for reply within second month	0.00
117	870	217	435 Extension for reply within third month	0.00
118	1,360	218	680 Extension for reply within fourth month	0.00
128	1,850	228	925 Extension for reply within fifth month	0.00
119	300	219	150 Notice of Appeal	0.00
120	300	220	150 Filing a brief in support of an appeal	0.00
121	260	221	130 Request for oral hearing	0.00
138	1,510	138	1,510 Petition to institute a public use proceeding	0.00
140	110	240	55 Petition to revive - unavoidable	0.00
141	1,210	241	605 Petition to revive - unintentional	0.00
142	1,210	242	605 Utility issue fee (or reissue)	0.00
143	430	243	215 Design issue fee	0.00
144	580	244	290 Plant issue fee	0.00
122	130	122	130 Petitions to the Commissioner	0.00
123	50	123	50 Petitions related to provisional applications	0.00
126	240	126	240 Submission of Information Disclosure Stmt	0.00
581	40	581	40 Recording each patent assignment per property (times number of properties)	0.00
146	690	246	345 Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149	690	249	345 For each additional invention to be examined (37 CFR § 1.129(b))	0.00
			Other fee (specify)	0.00
			Other fee (specify)	0.00

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$0.00)

SUBMITTED BY

Name (Print/Type) Alan E. Schiavelli
 Signature

Registration No. (Attorney/Agent) 32,087

Complete (if applicable)

Telephone 703-312-6600
 Date 4-20-01

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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